



## UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20590

Bib Data Sheet

CONFIRMATION NO. 9981

<b>SERIAL NUMBER</b> 09/752,514	<b>FILING DATE</b> 01/03/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> KLINEFELTER=1C
<b>APPLICANTS</b> Gary Klinefelter, Research Triangle Park, NC;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/123,492 07/28/1998 PAT 6,197,940 AND A CIP OF PCT/US97/01725 01/29/1998 WHICH IS A CIP OF 08/593,677 01/29/1996 ABN THIS APPLICATION 09/752,514 CLAIMS BENEFIT OF 60/082,753 04/23/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 001444				
<b>TITLE</b> Method for evaluating and affecting male fertility				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	